

## CLAIMS ONLY

**Application Number**

10 1788697

Filing Date

**Applicant(s)**

**12-27-06**  
**APPROXIMATE**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
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43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
Total Indep			5			
Total Depend			32			
Total Claims			37			